

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101567,509

FILING DATE

2-7-06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		1					53						
4		1					54						
5		1					55						
6		1					56						
7		1					57						
8		3					58						
9	①						59						
10	1						60						
11		1					61						
12		1					62						
13	2						63						
14		1					64						
15		1					65						
16		1					66						
17		1					67						
18		1					68						
19	3						69						
20	①						70						
21	1						71						
22	①						72						
23	1						73						
24	1						74						
25	1						75						
26	1						76						
27	1						77						
28	1						78						
29	1						79						
30	4						80						
31	①						81						
32	1						82						
33	1						83						
34	1						84						
35	2						85						
36	1						86						
37	1						87						
38	1						88						
39	1						89						
40	1						90						
41	3						91						
42	①						92						
43	1						93						
44	①						94						
45	1						95						
46	①						96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	5		↓		↓		TOTAL IND.		↓		↓		↓
TOTAL DEP.	52	←		←		←	TOTAL DEP.	←		←	←	←	
TOTAL CLAIMS	57						TOTAL CLAIMS						